

**SECTIONS A-D MUST BE COMPLETED FULLY
BORROWER MUST COMPLETE ALL SHADED AREAS**

This space for servicer's use only

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**Federal Perkins (NDSL) Student Loan - Request for Deferment
(Use reverse side for cancellation)**

Please print

Name	Social Security No.	Program and Loan Nos. on billing statement
Address	Check if new address <input type="checkbox"/>	
City	State	Zip
Institution that granted this loan(s)		Day telephone () -
		Evening telephone () -
		Return to: EFG Technologies P.O. Box 2901, Winston-Salem, NC 27102-2901

A. Deferment: Check one block for deferment type						
	DEFERMENT CONDITION	All loans disbursed on or after 7/1/93	Federal Perkins disbursed on or after 7/1/87 but before 7/1/93	National Direct disbursed on or after 10/1/80 but before 7/1/93	National Direct disbursed before 10/1/80	NOTES
✓	At least Half-time student	Yes	Yes	Yes	Yes	Form required for each quarter/sem. after official registration
	Rehabilitation Training	Yes	Yes #	Yes #	Yes #	For disabled individuals
	Graduate Fellowship	Yes	Yes #	Yes #	Yes #	Form required each year Must be full time
	Internship/residency	No	Two years*	Two years*	No	Must be required to begin professional practice
	Dental residency	Yes	Yes	Yes	No	Must be required to begin professional practice
	Inability to secure full-time job	Three years	Yes #	Yes #	Yes #	Contact your lender
	Economic Hardship	Three years	Yes #	Yes #	Yes #	Contact your lender
	Full-time volunteer, for tax-exempt org.	No	Three years*	Three years*	Three years*	On full-time active duty; entire enlistment required.
	Peace Corps/Action	Yes +	Three years	Three years	Three years	Entire enlistment required
	U.S. Armed Services	Yes +	Three years	Three years	Three years	Entire enlistment required
	Service Eligible for Cancellation	Yes +	Yes +	Yes +	Yes +	Use other side of form for teaching or employment Deferment
	Officer in PHS	No	Three years	Three years	No	Commissioned Corps of Public Health Service
	NOAAC	No	Three years	No	No	National Oceanic & Atmospheric Administration Corps
	Temporary total disability borrower/ spouse	No	Three years	Three years	No	Cannot be employed or attending school
	Care of totally disabled dependent	No	Three years*	No	No	Cannot be employed or attending school
	Mother returning to work	No	One year*	No	No	Preschool children
	Parental leave	No	Six months*	No	No	Pregnancy, newborn or child adoption

*Additional documentation required. Please contact servicer. + In anticipation of cancellation # For periods beginning 10/07/98 or after

B. Dates deferment requested

Beginning and Ending

Mo.	Day	Yr.	Mo.	Day	Yr.
-----	-----	-----	-----	-----	-----

Altered dates must be initialed by certifying official.

Check if you intend to enroll next semester/quarter

C. Borrower signature (required)

I declare that the information above is true and accurate. I further declare that I will notify my lender or loan servicer immediately upon change in my status. I further understand that if, for any reason, I am unable to complete the term of service for which I have requested deferment benefits, I will begin repayment of my loan, including deferred payments, immediately.

Signature of borrower (required) _____

Date _____

Internal use only:

Date processed _____ Analyst's initials _____

Comment _____

Last 3 digits Program No. SEQ No. QL _____

Type Begin End

Mo. Year Mo. Year

Last 3 digits Program No. SEQ No. QL _____

Type Begin End

Mo. Year Mo. Year

Last 3 digits Program No. SEQ No. QL _____

Type Begin End

Mo. Year Mo. Year

D. Certification of Deferment Period and Status (School, service unit or employer only)

OPE code _____ Note: We cannot accept a form certified more than 30 days prior to the beginning of your enrollment period.

Name of school /service unit/employer _____ Phone No. _____

Address P O Box _____ Street _____

City _____ State _____ Zip _____

I certify that this student is/was enrolled as at least a half-time or a full-time regular degree-seeking student (defined in 34 CFR 600.2) for the deferment period indicated in Section B, leading to a degree in _____

Our institution is on the Semester Quarter Trimester Clock Hour system

I certify that this borrower is/was serving in an internship/residency program required for professional practice in the field of _____

I certify that this borrower is/was in an approved graduate fellowship program. This space is for institutional seal. If not available, provide official letter of certification.

An approved rehabilitation training program for disabled individuals.

SEAL

Signature of Certifying Official (Altered dates must be initialed by Certifying Official.) _____ Date _____

Title of Certifying Official _____

For Lending Institution use only:

Request disapproved

Deferment approved

<input type="checkbox"/> Student status	<input type="checkbox"/> Military service
<input type="checkbox"/> Peace Corps	<input type="checkbox"/> VISTA
<input type="checkbox"/> Internship/Residency	<input type="checkbox"/> Dental residency
<input type="checkbox"/> Volunteer service	<input type="checkbox"/> U.S. Public Health Service
<input type="checkbox"/> NOAAC	<input type="checkbox"/> Parental leave
<input type="checkbox"/> Graduate fellowship/rehabilitation training	
<input type="checkbox"/> Working mother	
<input type="checkbox"/> Temporary total disability:	
<input type="checkbox"/> spouse	<input type="checkbox"/> dependent <input type="checkbox"/> borrower

Date of status beginning _____ ending _____ Date _____

Signature _____ Date _____

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Federal Perkins (NDSL) Student Loan - Request for Cancellation
(Use reverse side for deferment)

Please print

Name	Social Security No.	Program and Loan Nos. on billing statement
Address	Check if new address <input type="checkbox"/>	
City	State	Zip
	Day telephone	
Institution that granted this loan(s)	Evening telephone	Return to: EFG Technologies P.O. Box 2901, Winston-Salem, NC 27102-2901

You may qualify for the following partial loan cancellation benefits, regardless of the terms of your promissory note: FULL-TIME TEACHER in a public or nonprofit elementary or secondary school designated by the Secretary of Education as having a high concentration of low-income students, and in which more than 30 percent of the school's enrollment is Title I children, according to the list published annually in the Federal Register; full-time SPECIAL EDUCATION TEACHER, including teachers of infants, toddlers, children and youth with disabilities in a public or nonprofit school system; FULL-TIME TEACHER IN A FIELD OF EXPERTISE such as mathematics, science, foreign languages, bilingual education or other fields where the state education agency determines there is a shortage of qualified teachers; full-time educational staff member in a HEAD START PROGRAM carried out under the Head Start Act (formerly under the Economic Opportunity Act of 1964), validation must be attached; active duty service in the MILITARY in an area of hostilities that qualifies for special pay under Section 310 of Title 37 of the U.S. Code; volunteer service under the PEACE CORPS Act or Domestic Volunteer Service Act of 1973 (VISTA); service as a LAW ENFORCEMENT OR CORRECTIONS OFFICER in an eligible local, state or federal agency - the agency must be publicly funded and its principal activities must pertain to crime prevention, control or reduction or enforcement of criminal law, and your principal responsibilities are unique to criminal justice system; full-time employment for 12 consecutive months as a NURSE OR MEDICAL TECHNICIAN providing health care services; working full time in a public or private nonprofit child or family service agency for 12 consecutive months providing or supervising the provision of SERVICES TO HIGH-RISK CHILDREN from low-income communities and families of such children; full-time employment for 12 consecutive months as a qualified professional PROVIDER OF EARLY INTERVENTION SERVICES in a public or other nonprofit program authorized in Sect. 676(b)(9) of the Individuals with Disabilities Education Act.

NOTE: If the service or employment for which you are claiming partial loan cancellation is not included in your promissory note, then the service or employment must start October 7, 1998 or after. In this case, teachers employed in a year-around program may qualify if the school year began on or after July 1, 1998.

Two forms are required for each year, a request for deferment submitted at the beginning of the year and a request for cancellation at the end of that year's service.

<p>A. Cancellation or Deferment</p> <p align="center">*Additional documentation required. Please contact servicer before sending this form.</p> <p>CHECK BLOCK(S) FOR TYPE OF SERVICE</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Pre-Kindergarten</td> <td><input type="checkbox"/> Middle School</td> <td><input type="checkbox"/> Law Enforcement*</td> <td><input type="checkbox"/> Vocational</td> </tr> <tr> <td><input type="checkbox"/> Kindergarten</td> <td><input type="checkbox"/> High School</td> <td><input type="checkbox"/> Nurse/Med Tech*</td> <td><input type="checkbox"/> Peace Corps/VISTA</td> </tr> <tr> <td><input type="checkbox"/> Elementary</td> <td><input type="checkbox"/> Head Start*</td> <td><input type="checkbox"/> Child/Fam Service*</td> <td><input type="checkbox"/> Military (Combat)</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Spec. Ed.: Attach a description of your students or clients and the percentage of disabled in the classroom.</td> </tr> </table> <p>Legal Name of School or Employing Agency _____</p> <p>County _____ School District _____</p> <p>City _____ State _____ Zip _____</p> <p>B. Employment or Enlistment Period (must be one complete year)</p> <p><input type="checkbox"/> Deferment in Anticipation of Cancellation</p> <p style="margin-left: 40px;">Beginning: Mo. Day Year and Ending: Mo. Day Year</p> <p><input type="checkbox"/> Cancellation</p> <p style="margin-left: 40px;">Mo. Day Year and Mo. Day Year</p> <p>C. Job Title/Description/Subjects Teaching</p> <p>Received/Pass Date: _____ State Board Date(s): _____ Med Tech/RN Lic. Date(s): _____ Must complete for nurse/med tech: _____</p> <p>Mo. Day Yr. Mo. Day Yr.</p> <p>D. Declaration</p> <p>I declare that the information shown above is true and accurate. I further declare that I will notify my lender immediately upon change in my status. I further understand that if, for any reason, I am unable to complete the year of service for which I have requested deferment benefits, I will begin repayment of my loan immediately.</p> <p>Signature of borrower (required) _____ Date _____</p>	<input type="checkbox"/> Pre-Kindergarten	<input type="checkbox"/> Middle School	<input type="checkbox"/> Law Enforcement*	<input type="checkbox"/> Vocational	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> High School	<input type="checkbox"/> Nurse/Med Tech*	<input type="checkbox"/> Peace Corps/VISTA	<input type="checkbox"/> Elementary	<input type="checkbox"/> Head Start*	<input type="checkbox"/> Child/Fam Service*	<input type="checkbox"/> Military (Combat)	<input type="checkbox"/> Spec. Ed.: Attach a description of your students or clients and the percentage of disabled in the classroom.				<p>E. Certification of Employment or Enlistment Period</p> <p>Name of School, Place of Employment or Service Unit _____</p> <p>Address _____ Phone No. _____</p> <p>City _____ State _____ Zip _____</p> <p><input type="checkbox"/> I certify that this is a public elementary or secondary school.</p> <p><input type="checkbox"/> I certify that this school is operated by the Bureau of Indian Affairs.</p> <p><input type="checkbox"/> I certify that this is a private or public nonprofit elementary or secondary school registered by the STATE EDUCATION AGENCY (verification should be attached by certifying official)</p> <p><input type="checkbox"/> I certify Peace Corps/VISTA.</p> <p><input type="checkbox"/> I certify that this is a public or private nonprofit child or family service agency.</p> <p><input type="checkbox"/> I CERTIFY THAT THE BORROWER IS EMPLOYED FULL TIME.</p> <p>Signature of Certifying Official _____ Date _____</p> <p>Title of Certifying Official _____</p> <p>*NOTE: Altered dates must be initialed by Certifying Official This space is for Institutional Seal. If not available, provide official letter of certification.</p> <p align="center">SEAL</p> <p>For lending institution use only:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Cancellation approved</td> <td><input type="checkbox"/> Deferment approved</td> <td>Principal cancelled \$ _____</td> </tr> <tr> <td><input type="checkbox"/> Defense (10%, 15%)</td> <td><input type="checkbox"/> Request disapproved</td> <td>Interest cancelled \$ _____</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Perkins (15%, 20%, 30%)</td> </tr> </table> <p>Teaching, Peace Corps, VISTA, Law Enforcement, Head Start, Nurse, Med Tech, Child-Family Services</p> <p>Signature _____ Date: _____</p> <p>Internal use only: Date _____ Analyst's initials _____</p>	<input type="checkbox"/> Cancellation approved	<input type="checkbox"/> Deferment approved	Principal cancelled \$ _____	<input type="checkbox"/> Defense (10%, 15%)	<input type="checkbox"/> Request disapproved	Interest cancelled \$ _____	<input type="checkbox"/> Perkins (15%, 20%, 30%)		
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Last 3 digits program No.	SEQ No.	Type	Begin		End		Comment
			Mo.	Year	Mo.	Year	
____	____	QL	____	____	____	____	Principal cancelled _____ Interest cancelled _____
____	____	QL	____	____	____	____	Principal cancelled _____ Interest cancelled _____
____	____	QL	____	____	____	____	Principal cancelled _____ Interest cancelled _____
____	____	QL	____	____	____	____	Principal cancelled _____ Interest cancelled _____
____	____	QL	____	____	____	____	Principal cancelled _____ Interest cancelled _____